



Keresforth Primary School

Allergy Safety Policy

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Allergy Safety Policy

Headteacher: Mrs Vanessa D'Silva

Designated Allergy Safety Lead: Mrs Lisa Beverley

Governor lead: Mrs J Jones

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1. Policy Statement

Keresforth Primary School is committed to providing a safe, inclusive and supportive environment for every pupil, including pupils living with allergies and those at risk of anaphylaxis.

The school recognises that allergies can be life-threatening and that a pupil's allergy must not prevent them from participating fully in school life.

We will:

- identify pupils, staff and visitors with known allergies wherever reasonably possible;
- identify and assess allergy-related risks;
- take reasonable steps to minimise exposure to known allergens;
- ensure pupils with allergies have appropriate individual arrangements where required;
- ensure prescribed medication is accessible at all times;
- maintain appropriate emergency arrangements, including spare adrenaline auto-injectors;
- ensure staff understand how to recognise and respond to allergic reactions and anaphylaxis;

- support pupils to participate fully in lessons, meals, trips, clubs, sports and other activities;
- promote the wellbeing and inclusion of pupils with allergies;
- prevent and respond to allergy-related bullying;
- record, investigate and learn from allergic reactions and near misses; and
- review this policy at least annually and following any significant incident or change in government guidance.

This policy should be read alongside the school's First Aid Policy, Safeguarding and Child Protection Policy, Behaviour Policy, Anti-Bullying Policy, Food Policy, Educational Visits Policy and Attendance Policy.

2. Legislative and Guidance Framework

This policy has been developed with regard to the current statutory and regulatory framework in England, including:

- **Children and Families Act 2014**, including the duty to make arrangements to support pupils with medical conditions;
- **Children's Wellbeing and Schools Act 2026**, including the new allergy safety requirements;
- **Allergy Safety in Schools: Statutory Guidance for Governing Bodies of Maintained Schools and Proprietors of Academies in England (July 2026)**;
- **Supporting Pupils at School with Medical Conditions** statutory guidance;
- **Equality Act 2010**;
- **Education Act 2002** safeguarding duties;
- **School Food Standards / Requirements for School Food Regulations 2014**;
- **Food Information Regulations 2014**, including requirements concerning allergen information;
- the **Early Years Foundation Stage (EYFS)** statutory framework where applicable; and
- relevant NHS, Department for Health and Social Care, MHRA and Food Standards Agency guidance.

The school will have regard to current Department for Education statutory guidance and will update this policy when relevant legislation, regulations or statutory guidance changes.

The July 2026 DfE guidance states that schools must have an allergy safety policy, publish it, keep it under review and have regard to the statutory guidance.

3. Scope

This policy applies to:

- all pupils;
- all teaching and support staff;
- supply and temporary staff;
- volunteers;
- trainee teachers and other students on placement;
- catering and cleaning staff;
- staff supervising breakfast clubs, after-school clubs and extracurricular activities;
- visitors where relevant;
- contractors with a pupil-facing role; and
- school activities taking place away from the school site.

The policy covers allergies including, but not limited to:

- food allergies;
- allergies to medicines;
- insect-sting allergies;
- latex/contact allergies;
- airborne allergies;
- allergic asthma;
- eczema and other allergy-related conditions where they have a functional impact at school; and other medically recognised sensitivities or triggers

where a healthcare professional has advised that particular arrangements are required.

4. Understanding Allergy

An allergy is an immune-system reaction to a normally harmless substance known as an allergen.

Allergic reactions range from mild symptoms to potentially fatal anaphylaxis.

Common symptoms can include:

- itching or tingling of the mouth;
- hives or rash;
- swelling of the lips, face or eyes;
- abdominal pain;
- vomiting;
- diarrhoea;
- coughing;
- wheezing;
- difficulty breathing;
- hoarse voice;
- difficulty swallowing;
- dizziness or collapse; and
- symptoms affecting the airway, breathing or circulation.

Anaphylaxis is a medical emergency.

All staff must understand that an allergic reaction can become severe and that the severity of a previous reaction does not reliably predict the severity of a future reaction.

The school will ensure that staff know how to recognise anaphylaxis and respond immediately.

5. Allergy, Intolerance and Coeliac Disease

The school recognises the distinction between:

Food allergy

An immune-system response which can potentially cause anaphylaxis.

Food intolerance

A non-immune reaction to food which does not cause anaphylaxis, although it may cause significant symptoms and may require dietary management.

Coeliac disease

An autoimmune condition associated with gluten. It is not a food allergy and does not itself cause anaphylaxis, but strict avoidance of gluten and prevention of cross-contamination may be essential.

The school will nevertheless take appropriate steps to support pupils with food intolerance or coeliac disease under its wider medical conditions and dietary arrangements.

The distinction is reflected in the July 2026 DfE guidance.

6. Identification of Pupils with Allergy

Parents/carers are asked to inform the school as soon as possible when a pupil:

- has a diagnosed allergy;
- is undergoing investigation for a suspected allergy;
- has previously experienced anaphylaxis;
- has been prescribed an adrenaline auto-injector;
- has an Allergy Action Plan;
- has allergy-related asthma;
- has an allergy requiring avoidance of a particular substance; or
- requires medication or other adjustments at school.

The school will gather relevant information from:

- parents/carers;
- the pupil, where appropriate;
- previous educational settings;
- healthcare professionals where appropriate and with appropriate information-sharing arrangements.

The school will maintain an up-to-date allergy register.

The register will identify, as appropriate:

- pupil name;
- photograph;
- class;
- known allergen(s);
- symptoms/reaction information;
- whether the pupil has an Individual Healthcare Plan (IHP);
- whether an Allergy Action Plan is held;
- prescribed medication;
- location of medication;
- emergency contacts; and
- any specific precautions or reasonable adjustments.

Information will be shared with staff who need it to keep the pupil safe, in accordance with data protection and safeguarding requirements.

A diagnosis will not be assumed to be necessary before reasonable protective arrangements are considered where a child is experiencing symptoms or has a clinically identified risk.

The DfE guidance states that pupils requiring additional or different arrangements because of allergy should have those arrangements captured through an Individual Healthcare Plan, and that an IHP can be appropriate even where a formal diagnosis has not yet been made.

7. Individual Healthcare Plans

An Individual Healthcare Plan will be considered where a pupil:

- has an allergy with a functional impact at school;
- is at risk of harm because of their allergy; and
- requires arrangements additional to or different from the school's general arrangements.

The IHP will be developed in consultation with:

- the pupil, where appropriate;
- parents/carers;
- school staff involved in the pupil's care; and
- relevant healthcare professionals where appropriate.

The IHP should identify:

- the pupil's known allergens;
- symptoms and signs of an allergic reaction;
- emergency procedures;
- medication and its location;
- access to prescribed adrenaline;
- arrangements for reducing exposure;
- arrangements for meals and food;
- arrangements for educational visits;
- arrangements for physical education and extracurricular activities;
- relevant reasonable adjustments;
- emergency contacts; and
- any other specific requirements.

The IHP should refer to and incorporate the pupil's clinical Allergy Action Plan where one is available.

One pupil should not have multiple separate IHPs covering different medical conditions; relevant arrangements should be brought together within one plan.

8. Medication and Prescribed Adrenaline Auto-Injectors

Pupils prescribed adrenaline auto-injectors (AAIs) must have immediate access to their prescribed medication.

The school will:

- record prescribed AAIs on the school's medical register;
- ensure medication is accessible and not unnecessarily locked away;
- ensure relevant staff know where the medication is located;
- ensure arrangements are in place for medication to accompany pupils on trips and off-site activities;
- check expiry dates in accordance with the school's medicines procedure;
- ensure replacement medication is requested from parents/carers when necessary; and
- follow the pupil's clinical plan and the manufacturer's instructions.

Where a pupil is developmentally able to carry their own AAI safely, this should be supported in accordance with their IHP and healthcare advice.

Prescribed medication must not be routinely kept in a location that would prevent rapid access during an emergency.

9. Spare Adrenaline Auto-Injectors

The school will maintain spare adrenaline auto-injectors for emergency use in accordance with current government guidance and applicable regulations.

For a primary school, the current DfE guidance indicates that schools should hold:

- one pair of 150 microgram spare AAIs for children under 6; and
- one pair of 300 microgram spare AAIs for individuals over 6.

The school will ensure that spare AAIs:

- are readily accessible and are not locked away;
- are clearly labelled as spare/emergency devices;
- are stored in pairs;
- can be brought to a pupil within **five minutes**;
- are stored in appropriate conditions;
- are regularly checked for expiry and condition;
- are replaced promptly after use or expiry; and
- are disposed of safely in accordance with applicable requirements.

The location(s) of the school's emergency anaphylaxis kits will be recorded in this policy and communicated to staff.

Emergency AAI location:

1. Inside the emergency bag, behind the door in the Business Manager's office

The DfE's July 2026 guidance that primary schools should have appropriate pairs of spare AAIs and that adrenaline should be brought to a person experiencing anaphylaxis within five minutes.

10. Emergency Response to Anaphylaxis

All staff must understand that anaphylaxis is a medical emergency.

If a pupil is suspected of experiencing anaphylaxis:

1. **Call 999 immediately** and state that the person is having, or is suspected of having, anaphylaxis.
2. Send someone to obtain the pupil's prescribed adrenaline auto-injector immediately.
3. If the prescribed AAI is unavailable, inaccessible, unusable or insufficient, use the school's spare AAI in accordance with current guidance and the circumstances of the emergency.
4. Administer adrenaline without delay.
5. Follow the pupil's Allergy Action Plan where available.

6. Keep the pupil under appropriate supervision.
7. Do not leave the pupil alone.
8. Inform the emergency services of the time the adrenaline was administered.
9. A second adrenaline device should be administered where clinically indicated and in accordance with current emergency guidance.
10. Inform the pupil's parent/carer as soon as practicable.
11. Ensure an adult accompanies the pupil as required until responsibility is formally transferred to emergency medical services.
12. Record and report the incident in accordance with Section 19 of this policy.

Help must come to the pupil. A pupil experiencing an allergic emergency must not be sent to the school office or medical room without appropriate supervision.

The current DfE guidance emphasises immediate emergency response and specifically states that in an allergic emergency help should come to the child rather than the child being sent elsewhere.

11. Staff Allergy Awareness and Emergency Training

The school will provide allergy awareness and emergency response training to staff.

Training will cover:

- what allergy is;
- common allergens;
- food allergy;
- asthma and its relationship with allergy;
- eczema and other allergy-related conditions;
- common symptoms of allergic reactions;
- recognition of anaphylaxis;
- how to respond to an emergency;
- calling emergency services;

- locating prescribed and spare emergency medication;
- use of adrenaline auto-injectors;
- use of emergency asthma medication where applicable;
- the school's allergy safety policy;
- individual Allergy Action Plans and IHPs;
- wellbeing
- reporting of incidents

Training will be included within staff induction and arrangements will ensure appropriate training is available to temporary and cover staff.

First-aid training alone will not be regarded as sufficient allergy awareness training.

12. Food Allergy and School Catering

The school will work closely with its catering provider to reduce the risk of allergen exposure.

Catering arrangements will include:

- obtaining accurate information about pupils' allergies;
- maintaining appropriate allergen records;
- providing allergen information for food served;
- ensuring catering staff understand the school's allergy arrangements;
- preventing cross-contamination;
- using appropriate cleaning procedures;
- checking ingredient labels;
- ensuring recipe/menu changes are communicated;
- providing safe alternatives where necessary;
- communicating allergen information to parents/carers;
- enabling pupils, where appropriate, to access allergen information independently;

- ensuring staff supervising meals know which pupils have significant food allergies; and
- reviewing catering arrangements following any allergy incident or near miss.

Food provided by the school will be handled in accordance with applicable food safety and allergen requirements.

School catering providers must comply with applicable food law, including the requirements of the Food Information Regulations 2014.

The DfE guidance states that school caterers must provide allergen information and recommends robust methods for identifying pupils with allergies at mealtimes.

13. Mealtimes

Pupils with allergies will be included in normal school meals wherever safely possible.

The school will not routinely segregate pupils with food allergies from their peers by requiring them to sit at a separate table.

Where appropriate, the school will use at least two reliable methods of identifying pupils requiring allergen-safe meals, for example:

- staff identification/checking systems;
- photographs;
- appropriate meal identification systems; or
- other age-appropriate systems.

Pupils must not exchange, share or trade food.

The school will establish clear expectations for pupils and parents/carers regarding:

- packed lunches;

- snacks;
- birthday food;
- classroom treats;
- food brought into school for events; and
- food used in lessons.

Lunch boxes, drinks and food containers supplied for individual pupils should be clearly labelled.

14. Food Brought into School

Parents/carers should not send food into school for sharing with other pupils without prior agreement from the school.

Where food is brought into school for:

- birthdays;
- celebrations;
- cultural events;
- fundraising;
- classroom activities; or
- other special events,

the school will consider the allergy risks in advance.

Where appropriate, parental/carer permission and engagement will be sought to ensure that pupils with allergies can participate safely.

The school will discourage pupils from sharing or trading food.

The school may discourage particular allergens from being brought onto the premises where this is considered appropriate, but will not rely on a blanket prohibition as the sole allergy-safety measure.

15. “Nut-Free” and Allergen-Aware Approach

The school will operate an **allergy-aware environment** rather than relying solely on a “nut-free” policy.

The school recognises that:

- nuts are only one of many allergens;
- any food can potentially cause an allergic reaction;
- a “nut-free” policy cannot eliminate the possibility of accidental exposure; and
- robust prevention and emergency arrangements are more important than creating a false sense of security.

Where the school chooses to discourage particular foods, this will be communicated clearly to parents, pupils and staff.

The DfE specifically recommends an allergy-aware approach rather than relying on “nut-free” policies.

16. Classroom Activities

Staff planning activities must consider allergy risks before the activity takes place.

This includes:

- cooking;
- food technology;
- science;
- art;
- craft;
- gardening;
- music;
- animal handling;
- sensory activities;

- school performances;
- celebrations; and
- special events.

Examples of materials that may present allergy risks include:

- play dough containing wheat;
- glues containing milk, wheat or soya;
- old food packaging;
- egg boxes;
- yoghurt pots;
- bird feed containing nuts or sesame; and
- food used as craft materials.

Where an allergen presents an avoidable risk, a suitable alternative should be used.

Pupils with allergies will not be excluded from curriculum activities simply because an allergen is involved. Staff will seek an inclusive alternative wherever reasonably practicable.

The current DfE guidance specifically expects activity planning to consider allergy risks in craft, science, cooking, music and animal-related activities.

17. Educational Visits, Trips and Residential Activities

Pupils with allergies should be able to participate fully in educational visits and extracurricular activities.

Trip leaders will:

- identify pupils with allergies before the visit;
- review relevant IHPs and Allergy Action Plans;
- complete appropriate risk assessments;
- consider food and environmental allergens;

- confirm arrangements for meals and snacks;
- ensure prescribed and emergency medication accompanies the pupil;
- ensure medication is immediately accessible;
- identify appropriate emergency medical arrangements;
- consider the location and accessibility of emergency services;
- brief accompanying staff;
- ensure suitable trained staff are present; and
- communicate relevant arrangements to external providers.

Parents/carers will not normally be required to accompany their child solely because the child has an allergy.

18. Inclusion, Wellbeing and Equality

The school recognises that living with an allergy can affect a child's emotional wellbeing and confidence.

The school will:

- promote understanding and awareness;
- avoid unnecessary restrictions;
- support pupils to develop age-appropriate confidence in managing their condition;
- encourage pupils to speak to a trusted adult if they are worried;
- ensure reasonable adjustments are considered where required;
- avoid unnecessary exclusion from activities;
- support normal participation in school life; and
- monitor the wellbeing of pupils with significant allergies.

Severe allergy may fall within the definition of disability under the Equality Act 2010. The school will therefore consider its equality duties and reasonable adjustments where applicable.

19. Allergy-Related Bullying

The school has a zero-tolerance approach to bullying related to allergy.

This includes:

- deliberately exposing a pupil to an allergen;
- threatening to give a pupil an allergen;
- attempting to force-feed a pupil;
- hiding or interfering with medication;
- mocking a pupil for carrying medication;
- excluding a pupil because of their allergy; or
- making inappropriate comments about a pupil's allergy.

Such behaviour will be dealt with under the school's Behaviour and Anti-Bullying Policies and may constitute a serious safeguarding concern.

Staff will remain alert to the possibility that anxiety, social isolation or bullying may be connected with a pupil's allergy.

20. Attendance and Participation

A pupil must not be disadvantaged because of an allergy-related medical appointment, hospital attendance or necessary health management.

The school will not:

- penalise allergy-related absence;
- prevent pupils from taking part in normal activities unnecessarily;
- require parents/carers to attend school to administer medication where appropriate school arrangements can be made; or
- routinely send pupils home because of their allergy.

The DfE identifies these practices as unacceptable.

21. Visitors and Staff with Allergies

Where appropriate, the school will consider the allergy needs of staff and visitors.

Staff and visitors may inform the school of relevant allergies where this information is necessary for their safety.

Where food is likely to be provided to visitors, the school will take reasonable steps to identify relevant dietary/allergy requirements.

The same principles of reasonable risk reduction will be applied to staff and visitors as appropriate.

22. Information Sharing

Relevant allergy information will be shared with staff who need it to safeguard and support a pupil.

This may include:

- class teachers;
- teaching assistants;
- lunchtime supervisors;
- catering staff;
- first aiders;
- trip leaders;
- after-school club staff;
- supply staff; and
- senior leaders.

Information will be handled in accordance with the school's data protection arrangements.

Information will be shared with parents/carers and healthcare professionals where appropriate and in accordance with applicable law and local information-sharing arrangements.

23. Emergency Equipment Checks

The designated member of staff will ensure that emergency allergy equipment is checked regularly.

Checks will include:

- expiry dates;
- physical condition;
- accessibility;
- correct storage;
- presence of required devices;
- clear labelling;
- emergency instructions; and
- replacement arrangements.

Spare AAI check frequency: termly

Responsible person: Mrs L Beverley

Emergency kit locations: In the emergency bag in LB's office

A record of checks will be maintained.

24. Allergic Reactions and Near Misses

All allergic reactions and significant near misses must be reported to the designated Allergy Safety Lead.

Examples include:

- accidental ingestion of a known allergen;
- incorrect food being provided;
- suspected cross-contamination;

- delayed access to medication;
- medication being unavailable;
- an allergic reaction;
- anaphylaxis;
- an emergency AAI being used; or
- a situation where an allergic reaction could reasonably have occurred.

Following a significant incident or near miss, the school will:

1. ensure the pupil is safe and receives appropriate medical care;
2. inform parents/carers;
3. record the incident;
4. inform the Headteacher;
5. inform the governing body/trust as appropriate;
6. consider whether external/statutory reporting is required;
7. investigate what happened;
8. identify lessons learned;
9. review the pupil's IHP where necessary;
10. review the allergy safety policy and relevant risk assessments; and
11. implement corrective action.

The DfE guidance expects serious incidents and near misses to be recorded, reported and used to improve future arrangements.

25. Communication with Parents and Carers

Parents/carers will be encouraged to provide the school with accurate and up-to-date information about their child's allergy.

Parents/carers should:

- provide relevant medical information;
- provide copies of clinical Allergy Action Plans where available;
- provide prescribed medication;

- replace medication before it expires;
- inform the school of changes in diagnosis or treatment;
- inform the school if the child has experienced a significant reaction;
- participate in IHP reviews where appropriate; and
- communicate relevant dietary requirements.

The school will communicate its allergy arrangements clearly to parents/carers and will make this policy publicly available on its website.

26. Roles and Responsibilities

Governing Body

The governing body will:

- ensure the school has an allergy safety policy;
- ensure the policy is reviewed at least annually;
- ensure it is published;
- ensure appropriate resources are available;
- monitor implementation;
- ensure appropriate arrangements for pupils with medical conditions;
- seek assurance that staff are appropriately trained; and
- ensure lessons are learned from significant incidents.

Headteacher

The Headteacher will:

- have overall responsibility for implementation;
- ensure the policy is implemented consistently;
- ensure appropriate staff training;
- ensure emergency arrangements are effective;
- ensure appropriate IHPs are in place;
- work with parents/carers and healthcare professionals;

- ensure appropriate risk assessments are completed; and
- ensure incidents and near misses are reviewed.

Allergy Safety Lead

The Allergy Safety Lead will:

- maintain the allergy register;
- coordinate IHP arrangements;
- coordinate staff awareness;
- oversee spare AAI arrangements;
- monitor medication checks;
- support risk assessments;
- liaise with catering staff;
- support educational visits;
- coordinate incident reporting; and
- contribute to annual policy review.

All Staff

All staff are responsible for:

- familiarising themselves with this policy;
- knowing where allergy information is available;
- recognising allergic reactions and anaphylaxis;
- knowing how to obtain emergency medication;
- reducing avoidable exposure to known allergens;
- following IHPs and Allergy Action Plans;
- reporting incidents and near misses; and
- promoting inclusion and wellbeing.

Catering Staff

Catering staff will:

- follow food safety and allergen procedures;
- maintain accurate ingredient/allergen information;

- prevent cross-contamination;
 - communicate menu changes;
 - ensure meals are correctly identified and served; and
 - report any allergy-related incident immediately.
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27. Monitoring and Review

This policy will be reviewed:

- at least annually;
- following any serious allergic reaction or near miss;
- following a significant change in legislation or statutory guidance;
- following changes to the school's premises or catering arrangements; or
- when otherwise considered necessary by the Headteacher or governing body.

The annual review will consider:

- allergy incidents and near misses;
- staff training;
- medication checks;
- spare AAI provision;
- catering arrangements;
- educational visits;
- IHPs;
- pupil and parent/carers feedback;
- bullying and wellbeing;
- accessibility and inclusion; and
- changes to government guidance.

The policy will be approved by the governing body and published on the school website.

28. Key Emergency Information

999 – Emergency Services

School emergency contact: Mrs V D'Silva

Headteacher: Mrs V D'Silva

Allergy Safety Lead: Mrs L Beverley

First Aid Lead: Ms L Barron

Location of spare AAls:

Inside the emergency bag, behind the door in the Business Manager's office

Location of pupil medication:

In pupil's classroom hanging in named bags on the hook by the door

Location of allergy register:

LB's office/ on shared

Location of IHPs/Allergy Action Plans:

With each child's medication

29. Parent/Carer Acknowledgement

Parents/carers of pupils with significant allergies will be provided with information about the school's allergy arrangements and asked to work collaboratively with the school to ensure that the pupil can participate safely and fully in school life.

The school will seek to establish a positive partnership with families and relevant healthcare professionals.

Related Documents

- First Aid Policy
- Medicines Policy

- Food Policy
 - Educational Visits Policy
 - Safeguarding and Child Protection Policy
 - Behaviour Policy
 - Anti-Bullying Policy
 - Attendance Policy
 - Equality Information and Objectives
 - Individual Healthcare Plan
 - Allergy Action Plan
 - Emergency AAI Protocol
 - School Catering Allergen Procedure
 - Risk Assessment Procedure
-